

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: ILLINOIS

OFFICIAL

INCOME ELIGIBILITY LEVELS (Continued)

C. QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

2. SECTION 1902(f) STATES WHICH AS OF JANUARY 1, 1989 USED INCOME STANDARDS MORE RESTRICTIVE THAN SSI

a. Based on the following percent of the official Federal income poverty level:

Eff. Jan. 1, 1989: ☐ 80 percent ☐ _____ percent (no more than 100)
Eff. Jan. 1, 1990: ☐ 85 percent ☐ _____ percent (no more than 100)
Eff. Jan. 1, 1991: ☐ 95 percent ☐ _____ percent (no more than 100)
Eff. Jan. 1, 1992: 100 percent

b. Levels:

Family Size

Income Levels

1
2

\$ 567 per month
\$ 766 per month

TN No. 92-16

Supersedes

TN No. 92-2

Approval Date 6-5-92

Effective Date 1-1-92

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ILLINOIS

INCOME LEVELS (Continued)

D. MEDICALLY NEEDY

X Applicable to all groups.

Applicable to all groups except those specified below. Excepted group income levels are also listed on an attached page 3.

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for <u>one</u> months	Amount by which Column (2) exceeds limits specified in 42 CFR	Net income level for persons living in rural areas for <u> </u> months	Amount by which Column (4) exceeds limits specified in 42 CFR
<input type="checkbox"/> urban only		435.1007 ^{1/}		435.1007 ^{1/}
<input checked="" type="checkbox"/> urban & rural				
1	\$ 283	\$ -0-	\$	\$
2	\$ 375	\$ -0-	\$	\$
3	\$ 508	\$ -0-	\$	\$
4	\$ 558	\$ -0-	\$	\$

```
_For each
addi-
tional
person,
add:
```

17 The agency has methods for excluding from its claim for FFP
payments made on behalf of individuals whose income exceeds
these limits.

TN No. 94-21

Supersedes

TN No. 91-33

Approval Date

MAY 31 1995

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ILLINOIS

INCOME LEVELS (Continued)

OFFICIAL

D. MEDICALLY NEEDY

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for <u>one</u> months	Amount by which Column (2) exceeds limits specified in 42 CFR	Net income level for persons living in rural areas for <u> </u> months	Amount by which Column (4) exceeds limits specified in 42 CFR
	<input type="checkbox"/> urban only	435.1007 ^{1/}		435.1007 ^{1/}
	<input checked="" type="checkbox"/> urban & rural			
5	\$ 650	\$ -0-	\$	\$
6	\$ 733	\$ -0-	\$	\$
7	\$ 767	\$ -0-	\$	\$
8	\$ 808	\$ -0-	\$	\$
9	\$ 850	\$ -0-	\$	\$
10	\$ 900	\$ -0-	\$	\$

For each
addi-
tional
person,
add: \$

^{1/} The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

TN No. 91-33
Supersedes Approval Date 2-19-92 Effective Date 10-1-91
TN No. 90-6
(Supplement 1 to Attachment 2.6-A, HCFA ID: 7985E
Page 5)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ILLINOIS

INCOME LEVELS (Continued)

OFFICIAL

D. MEDICALLY NEEDY

(1) Family Size	(2) Net income level protected for maintenance for <u>one</u> months	(3) Amount by which Column (2) exceeds limits specified in 42 CFR 435.1007 ^{1/}	(4) Net income level for persons living in rural areas for <u> </u> months	(5) Amount by which Column (4) exceeds limits specified in 42 CFR 435.1007 ^{1/}
<input type="checkbox"/> urban only		435.1007 ^{1/}		435.1007 ^{1/}
<input checked="" type="checkbox"/> urban & rural				
15	\$ 1158	\$ -0-	\$	\$
16	\$ 1217	\$ -0-	\$	\$
17	\$ 1283	\$ -0-	\$	\$
18	\$ 1350	\$ -0-	\$	\$
9	\$	\$	\$	\$
10	\$	\$	\$	\$

For each
addi-
tional
person,
add:

\$ 67 monthly \$ -0- \$

^{1/} The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

TN No. 91-33

Supersedes

TN No. 90-6

Approval Date 2-19-92

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